	IN THE UNITED STATES PATENT AND TRADEMARK OFFICE												
In re Patent Application of			Atty Dkt.		BJS-3665-152								
					DKI.	C#	M#						
SCHWEIGHOFFER et al.			TC/A.U	J.	1612								
Serial No. 10/541,503			Exa	aminer:	PACKARD								
Filed:	July 7, 2005				Date:	August 25, 2009							
Title:	METHODS AND COMPOSITIONS FOR THE TREATMENT OF DEGENERATIVE OCULAR PATHOLOGIES												
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450													
Sir:													
RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is here incorporated by reference and the signature below serves as the signature to the attachment in the absence of ar signature thereon.													
☐ Correspondence Address Indication Form Attached.													
Total e	re attached as effective claims usly paid for			4 20) =		highest x \$52.0		r	\$0.00 (120	02)/\$0.00 (2202)	\$	0.00	
	endent claims a usly paid for	after amer	ndment (at least 3)	1 =		highest x \$220.		r	\$0.00 (120	01)/\$0.00 (2201)	\$	0.00	
If proper multiple dependent claims now added for first time, (ignore improper); add											_		
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$130.00 (1251)\$65.00 (2251) Two Month Extensions \$490.00 (1252)\$245.00 (2252) Three Month Extensions \$1110.00 (1253)\$555.00 (2253) Four Month Extensions \$1730.00 (1254)\$665.00 (2254) Five Month Extensions \$1730.00 (1254)\$7175.00 (2255)											0.00		
Termi	nal disclaimer	enclosed.	add		1 100 10	1011a1 L	(CHOICE		•	/ \$70.00 (2814)		0.00	
☐ Ap	plicant claims	"small en	tity" status.	□s	tatemer	nt filed h	erewith		,	,			
Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806)									180.00 (1806)	\$	0.00		
Assignment Recording Fee										\$40.00 (8021)	\$	0.00	
Other:										\$	0.00		
										TOTAL FEE	\$	0.00	
	DEDIT CA		AACNT C	004	A TT A	CHE							

□ CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any <u>deficiency</u>, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 NIXON & VANDERHYE P.C. By Atty: B. J. Sadoff, Reg. No. 36,663

BJS:pp Sign

Signature: /B. J. Sadoff/